

**UTAH INSURANCE DEPARTMENT**  
**Request for Public Record of Rates, Rules and Forms Instructions**

**Requestor:** \_\_\_\_\_  
Name \_\_\_\_\_ Company \_\_\_\_\_

Address \_\_\_\_\_ City, State, ZIP \_\_\_\_\_

Email \_\_\_\_\_ Telephone \_\_\_\_\_

Indicate delivery preference: ☐ Email ☐ U.S.Postal ☐ Pickup ☐ Other \_\_\_\_\_

**Market:** ☐ Individual ☐ Group

**Product:**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Annuity                  | <input type="checkbox"/> Long Term Care Insurance  | <input type="checkbox"/> Service Contract      |
| <input type="checkbox"/> Auto                     | <input type="checkbox"/> Major Medical             | <input type="checkbox"/> Title Escrow          |
| <input type="checkbox"/> Credit Life & Disability | <input type="checkbox"/> Medical Malpractice       | <input type="checkbox"/> Title Rates           |
| <input type="checkbox"/> General Liability        | <input type="checkbox"/> Medicare Supplement       | <input type="checkbox"/> Workers' Compensation |
| <input type="checkbox"/> Home                     | <input type="checkbox"/> Other Accident and Health |  |
| <input type="checkbox"/> Other (describe): _____  |  |  |

**Filing Type:** ☐ Forms ☐ Rates ☐ Rules ☐ Informational

**Date Range Requested:** From: \_\_\_\_\_ To: \_\_\_\_\_

**Insurer Name:** List the exact, full name of each insurer to be searched. The Department does **not** maintain files by company "groups," only by individual insurer.

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I acknowledge the base fee for record access is \$45.00 for the first 30 minutes and an additional \$45 for each additional 30 minutes, or fraction thereof.

Signature \_\_\_\_\_ Date: \_\_\_\_\_